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The Impact of Primary Dysmenorrhea on Quality of Life among Women

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ABSTRACT

Primary dysmenorrhea refers to painful menstruation that occurs without any underlying pelvic pathology.it is gynecological complaint, particularly among adolescents and young women. The objective of this study to asses the impact of primary dysmenohrrea to use a standardized tool, Q-LES-Q-SF. In this study 300 sample size are collected by simple random sampling technique using by survey method. It took one month for the researcher to collect the samples. The major findings are that there is negative impact of PD on quality of life among women. Researcher should study this topic on a large scale.

INTRODUCTION

Primary dysmenorrhea is the most common gynecological condition among menstruating women. Dysmenorrheic pain can be considerably disabling, and is associated with a restriction of physical and daily activities. Researcher used the validated Short Form of the Quality-of-Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to determine whether QoL is affected of among women with primary dysmenorrhea.

Need of study
Primary dysmenorrhea is a common problem which affects approximately 50-90% of women.
Primary dysmenorrhea needs treatment or intervention to improve the quality of life of among women.
More research is needed regarding primary dysmenorrhea so that the exact causes and effects of this problem can be understood.

Background:
The women's have suffered from Primary dysmenorrhea and disturb their life and sleep patterns.
Studies have shown that primary dysmenorrhea is influenced by several factors-
Physiological Factors- hormonal changes, prostaglandins, uterine contraction.
Psychological factors - stress, anxiety, depression.
Lifestyle factor- diet exercise and sleep
Demographic factors-age, family history, socioeconomic status.
However, researcher indicates that many women lack sufficient knowledge about primary dysmenorrhea which are affect their quality of life and disturb their daily life activities.

Problem Statement
A Descriptive study to the impact of primary dysmenorrhea on quality of life among women on selected rural community areas in Kanpur, Uttar Pradesh.

Research Title: The impact of primary dysmenorrhea on quality of life among women

OPERATIONAL DEFINITION

Primary dysmenorrhea: It is defined as painful menstrual cramps that are not caused by any underlying medical condition, and are typically characterized by cramps lower abdominal pain, nausea, vomiting and other symptoms that occur during or just before menstruation.

Quality of life: Quality of life means the perceived position in life, with the context of their physical, mental, social, economic and sexual domain in women between the age group of 18-45 years which suffer by primary dysmenorrhea effect of their life which include their measured by Q-LES-Q-SF (A Standardized tool)

Women – Women of age group between 18-45years with primary dysmenorrhea residing in rural community area.

OBJECTIVE

1. To assess the impact of primary dysmenorrhea on women quality of life.
2. To get information about the difficulties or challenges occurred during PD.

Assumptions

Researcher assumes that women with primary dysmenorrhea have negative impact of their quality of life.

The experience and impact of primary dysmenorrhea may vary in different cultures and societies

Delimitations

1. Time for research and there may be limitations of resources, which could affect the scope and results of the research.
2. There may be limits of samples for research, which may affect the generality of the results of the research.

Limitations

1. The objective of the research can be a cross-sectional study or a survey, which can impact the generality of the research results.
2. The age of samples for research may be limited, like 18-45 years.
3. For research, education of samples can be limited, like higher secondary or higher education

METHODOLOGY

Research Approach
A research approach is defined as the plan and procedure that consist of broad assumption, methods of data collection, analysis and interpretation **QUANTITATIVE RESEARCH APPROACH** was considered to be best for the present study.

The present study uses T**HE NON - EXPERIMENTAL DESCRIPTIVE RESEARCH DESIGN.**

Research design: Descriptive research design had use in the present study

Setting for the study – The setting used for the data collection the study was women in selected rural area in Kanpur, UP was selected as sample of the study, by using Q-LES-Q-SF tool.

Population – Population denotes the set of women and in this study select the Target population of selected rural community area in Kanpur, UP was selected as sample of the study.

Here in this study women are selected in rural community area in Kanpur, UP was selected as sample of the study.

SAMPLE TECHNIQUE
In this current study "probability Simple Random Sampling technique is used.

SAMPLE -sample comprised of the women who has suffering from PD, who have equal chance to participate in this research study for fulfill the set selection criteria.

Samples are the best subset of unit which comprise of the population selected by researcher to participate in their research project.

The women who are suffering from dysmenorrheic pain are selected as the population for the current study.

SAMPLE SIZE – 300 According Cochran's formula

SELECTION CRITERIA FOR SAMPLE

INCLUSION CRITERIA – In this study participate only women age between 18-45 years.

The current study includes the participants –

1. Women have between 18-45 years.
2. Women who have suffering from PD.
3. Women who have willingly participated in the study.
4. Women who have menstrual cycle is regular.

EXCLUSION CRITERIA

1. Pregnant women or those expecting to become pregnant.
2. Women suffering from permanent illness, such as diabetes, high blood pressure, or heart disease.
3. Women suffering from psychological problem, such as depression, anxiety or any other psychological disorder.
4. Women taking any medication that may affect dysmenorrhea.
5. Women who are already taking treatment for dysmenorrhea.

VARIABLE
DATA COLLECTION TECHNIQUE AND DESCRIPTION OF TOOL

DESCRIPTION OF TOOL
Section A Demographic variables
Section B Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF)
were designed to assess the knowledge regarding primary dysmenorrhea among women.

Section: A

Demographic data: the variables selected in the study include

- Age
- Weight
- Height
- Body Mass Index (BMI)(kg/m^2)
- Age of onset of menses(years)
- Age of onset of dysmenorrhea (years)
- Menstrual cycle length (days)
- Menstruation phase length (days)

Section: B
Standardized tool: scoring the quality -of- life enjoyment and satisfaction questionnaire-short form (Q-LES-Q-SF) was constructed by Jean Endicott, and it is available to use in public domain. Permission to use the tool was taken via mail.

The tool assess how satisfied is the individual have been with regards to 14 listed domains.

- Physical health
- Mood
- Work
- Household activities
- Social relationships
- Family relationship

- Leisure time activities
- Ability to function in daily life
- Sexual drive interest and/or performance
- Economic status
- Living / housing situation
- Ability to get around physically without feeling dizzy or unsteady or falling
- Your vision in terms of ability to do work/hobbies
- Overall sense of wellbeing

And was scored by rating (1-5)
1-Very Poor
2-Poor
3-Fair
4-Good
5-Very good

The scoring of the Q-LES-Q-SF involves summing only the first 14 items to yield a raw total score. the last two items are not included in the total score but are stand – alone items. The raw total score ranges from 14-70. The raw total score is transformed into a percentage maximum possible score using the following formula:

(Raw Total Score – Minimum Score) / (Maximum Possible Raw Score – Minimum Score)

The minimum raw score on the Q-LES-Q-SF is 14, and the maximum score is 70.

TECHNIQUE of data collection: Researcher has used the Self-structured questionnaire technique to use for data collection.

After obtaining permission from the college to conduct final study. Permission had been taken from community head to conduct door to door survey.

The area was selected randomly between different villages under Uttar Pradesh. Data collection was done is respective language of the participation.

Initially Informed consent was signed by the participants (who matched the inclusion criteria) before data collection and demographic data were collected. women who had PD were only taken only in to participation in this study. The tool administration took 5 minutes by interview schedule using Q-LES-Q-SF, in 1 day 30 samples data were collected and recorded. The overall data collection period was 15 days. Data was analyzed using statical analysis.

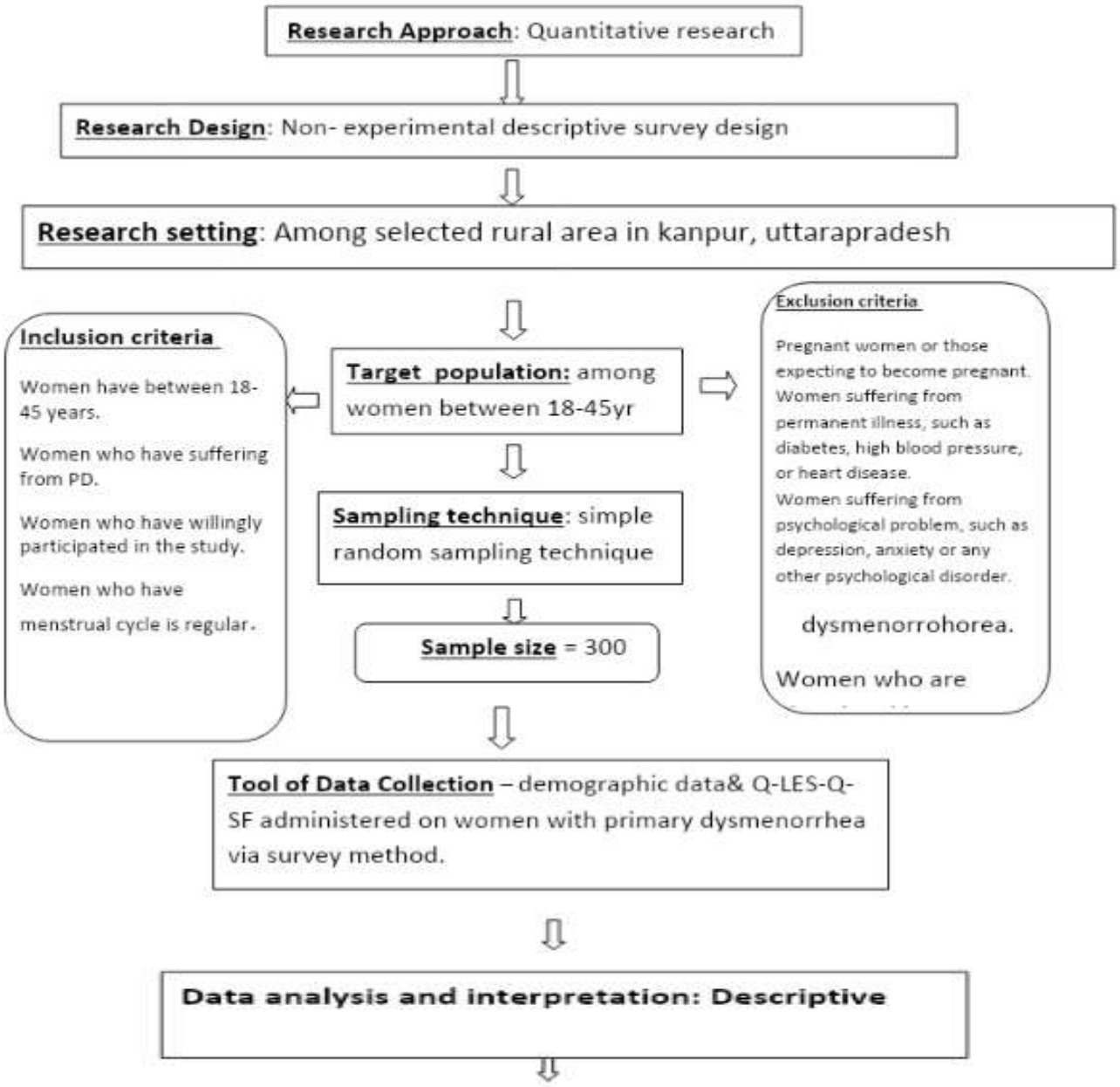
TOOL VALIDITY AND RELIABILITY

It is a standardized tool.

VALIDITY- Concurrent validity and construct validity 0.9

RELIABILITY - Test/retest reliability ranging from 0.86-0.90 and internal consistency Cronbach alpha ranging from same number

Schematic presentation


Research Approach: Quantitative research
Research Design: Non- experimental descriptive survey design
Research setting: Among selected rural area in kanpur, uttarapradesh
Inclusion criteria
Women have between 18-45 years.
Women who have suffering from PD.
Women who have willingly participated in the study.
Women who have menstrual cycle is regular.
Target population: among women between 18-45yr
Sampling technique: simple random sampling technique
Sample size = 300
Exclusion criteria
Pregnant women or those expecting to become pregnant.
Women suffering from permanent illness, such as diabetes, high blood pressure, or heart disease.
Women suffering from psychological problem, such as depression, anxiety or any other psychological disorder.
dysmenorrohorea.
Women who are
Tool of Data Collection – demographic data& Q-LES-Q-SF administered on women with primary dysmenorrhea via survey method.
Data analysis and interpretation: Descriptive

Requency Table

S.no.	Demographic variables	Frequency		Percentage (%)	
		Menstrual phase	Follicular phase	Menstrual phase	Follicular phase
1	Age (years)				
	18-25	30	25	10	8.34
	26-30	40	25	11.66	8.33
	31-35	30	30	10	10
	36-40	30	35	10	11.67
	41-45	30	25	13.33	8.33
2	Weight (kg)				
	40-50	27	28	9	9.34
	51-60	30	25	10	8.39
	61-70	28	32	9.34	10.66
	71-80	24	41	8	13.66
	81-90	33	32	11	10.66
3	Height (feet)				
	4-5	62	75	20.66	25
	5’1-6	97	66	32.34	22
4	Body mass index (kg/m^2)				
	18-20	36	32	12	10.66
	21-22	35	26	11.66	8.66
	23-25	23	29	7.66	9.66
	26-28	28	39	9.34	13
	29-30	29	23	9.66	7.66
5	Age of onset of menses (years)				
	Below 10	36	45	12	15
	11-15	80	57	26.66	19
	16-18	15	10	5	3.34
6	Age of onset of dysmenorrhea (years)				
	Above 10	20	22	6.66	7.34
	11-15	87	70	29	23.34
	16-20	42	50	14	16.66
	21-25	6	3	2	1
7	Cycle length (days)				
	Below 28	25	31	8.34	10.33
	29-30	97	77	32.34	25.66
	35-40	40	30	13.33	10
8	Menstruation phase (days)				
	Below 3	14	15	4.66	5
	4-5	40	50	13.3	16.7
	6-7	57	59	19	19.6
	8-9	30	35	10	11.6

Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF)

	MENSTURAL PHASE						FOLLICULAR PHASE					
	VERY POOR	POOR	FAIR	GOOD	VERY GOOD	%	VERY POOR	POOR	FAIR	GOOD	VERY GOOD	%
PHYSICAL HEALTH	32	36	46	26	10	**15.3**	35	35	30	26	24	**11.6**
MOOD	25	25	35	35	30	**11.6**	22	28	34	16	50	**16.6**
WORK	66	24	10	15	35	**22**	34	46	20	25	25	**15.1**
HOUSEHOLD ACTIVITIES.	33	27	42	28	20	**14**	22	28	30	30	40	**13.3**
SOCIAL RELATIONSHIP.	38	12	20	35	35	**12.6**	28	32	30	30	30	**10.6**
FAMILY RELATIONSHIP.	52	18	30	18	32	**17.3**	45	45	18	12	30	**15**
LEISURE TIME ACTIVITIES.	35	20	25	20	50	**16.6**	22	38	25	25	40	**13.3**
ABILITY TO FUNCTION IN DAILY LIFE.	14	06	65	15	50	**21.6**	10	50	60	15	15	**20**
SEXSUAL DRIVE, INTREST AND /OR PERFORMANCE.	12	28	30	45	35	**15**	85	15	20	15	15	**28.3**
ECONOMIC STATUS.	45	35	15	45	10	**15**	56	24	20	23	27	**18.6**
LIVING/HOUSING SITUATION.	12	13	95	15	15	**31.6**	25	25	35	35	30	**11.6**
ABILITY TO GET AROUND PHYSICALLY WITHOUT FEELING DIZZY OR UNSTEADY OR FALLING.	69	11	29	21	20	**23**	18	22	35	55	20	**18.3**
YOUR VISION IN TERMS OF ABILITY TO DO WORK OR HOBBIES.	17	33	18	22	60	**20**	45	57	18	17	13	**19**
OVERALL SENSE OF WELL BEING.	79	21	10	20	20	**26.3**	16	58	46	20	10	**19.3**

PHYSICAL HEALTH --- During assessment (physical health) in menstrual phase 46(15.3%) is fair, follicular phase physical health is very poor-poor 35(11.6%)

- MOOD --- During assessment (mood) in menstrual phase 35(11.6%) is fair and good, follicular phase mood is very-very good 50(16.6%)
- WORK --- During assessment (work) in menstrual phase 66(22%) is very poor, follicular phase work is poor 46(15.1%)
- HOUSEHOLD ACTIVITIES. --- During assessment (HOUSEHOLD ACTIVITIES) in menstrual phase 42(14%) is fair, follicular phase household activities is very good 40(13.3%)
- SOCIAL RELATIONSHIP. --- During assessment (SOCIAL RELATIONSHIP) in menstrual phase 38(12.6%) is fair, follicular phase social relationship is poor 32(10.6%)
- FAMILY RELATIONSHIP. --- During assessment (FAMILY RELATIONSHIP) in menstrual phase 52(17.3%) is fair, follicular phase family relationship is very poor-poor 45(15%)
- LEISURE TIME ACTIVITIES. --- During assessment (LEISURE TIME ACTIVITIES) in menstrual phase 50(16.6%) is very good, follicular phase leisure time activities is very good 40(13.3%)
- ABILITY TO FUNCTION IN DAILY LIFE. --- During assessment (ABILITY TO FUNCTION IN DAILY LIFE) in menstrual phase 65(21.6%) is fair, follicular phase ability to function in daily life is fair 60(20%)
- SEXUAL DRIVE, INTREST AND/OR PERFORMANCE. --- During assessment (SEXUAL DRIVE, INTREST AND/OR PERFORMANCE) in menstrual phase 45(15%) is good, follicular phase sexual drive, interest and /or performance is very poor 85(28.3%)
- ECONOMIC STATUS. --- During assessment (ECONOMIC STATUS) in menstrual phase 45(15%) is very poor and good, follicular phase economic status is very poor-poor 56(18.6%)
- LIVING/HOUSING SITUATION. --- During assessment (LIVING/HOUSING SITUATION) in menstrual phase 95(31.6%) is fair, follicular phase living/housing situation is fair and good 35(11.6%)
- ABILITY TO GET AROUND PHYSICALLY WITHOUT FEELING DIZZY OR UNSTEADY OR FALLING. --- During assessment (ability to get around physically without feeling dizzy or unsteady or falling.) in menstrual phase 69(23%) is very poor, follicular phase ability to get around physically without feeling dizzy or unsteady or falling is good 55(18.3%)
- YOUR VISION IN TERMS OF ABILITY TO DO WORK OR HOBBIES. --- During assessment (your vision in terms of ability to do work or hobbies) in menstrual phase 60(20%) is very good, follicular phase your vision in terms of ability to do work or hobbies is poor 57 (19%)
- OVERALL SENSE OF WELL BEING. --- During assessment (OVERALL SENSE OF WELL BEING) in menstrual phase 79(26.3%) is very poor, follicular phase overall sense of well -being is poor 58(19.3%)

  This chapter deals with the impact of primary dysmenorrhea on quality of life among women in both phases (menstrual and follicular) results obtained from Q-LES-Q-SF, the results were obtained using descriptive and interferential and statistical methods.

Objective of Study

- To assess the impact of PD on quality of life among women using Q-LES-Q-SF.
  Assumptions

Researcher assumes that women with primary dysmenorrhea have negative impact of their quality of life.

RESULTS

For the above objectives results are summarized under the following section.
Section A – Description of the demographic variable samples.
Section B – Analyzed based on Q-LES-Q-SF.

Section: A
The characteristics of the study population were as follows:

- Among 300 samples majority 13.33 belonged to (40women) 26-30years of age group in menstrual phase, and 11.67% belongs to 36-40 years of age in follicular phase.

- In the case of weight (81-90 kg)33 women 11% in menstrual phase and in follicular phase 13.66 (71-80kg) weight of women (41).
- In the case of Height (5-6feet) 97 women 32.34% in menstrual phase and in follicular phase 25 (4-5feet) Height of women (75).
- 36 women who have BMI between (18-20)10.66% in menstrual phase and in follicular phase 39 women who had BMI between (26-28) 13%.
- In the case of Age of onset of menses (years) age between (10-15 years) 80 women 26.66% in menstrual phase and in follicular phase 19% (10-15 years) of women (57).
- In the case of Age of onset of Dysmenorrhea (years) age between (10-15 years) 87 women 29% in menstrual phase and in follicular phase 23.34% (10-15 years) of women (70).
- In the case of usual menstrual cycle length (days) age between (28-30 years) 97 women 32.34% in menstrual phase and in follicular phase 25.66% (28-30 years) of women (77).
- In the case of usual menstruation phase length (days) age between (6-7 days) 57 women 19% in menstrual phase and in follicular phase 19.66% (6-7 days) of women

CONCLUSION AND SUMMERY

CONCLUSION

The present investigation concludes that majority 300 of participants were belongs to 18-45 years of age group.
PD has negative impact on quality of life among women.

SUMMARY

Researcher summarize Physical health – 46%, Mood 16.6%, Work- 22%, household activities- 14%, Social relationship- 12.6% , Family relationship – 17.3%, Leisures time activites – 16.6% , Ability to function in daily life -21.6%, Sexual drive, Interest or performance – 28.3%, Economic status- 18.6%, Living/Housing situation – 31.6%

DISCUSSION

The descriptive study to assess the impact of primary dysmenorrhea on quality of life among women who is suffered from PD and the age between 18-45year was conducted among 300samples (women with primary dysmenorrhea, age between 18-45year) they were selected by simple random sampling technique.

LIMITATION

Sample size was limited 300.
The study is limited to women age between 18-45years suffering from PD.